

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORMATE ETHICS COMMISSION (Type or Print Clearly)

PART! LOBBYIST	(Type of	- mit Cleany)	2
NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Timothy	L.	(808) 537-4308
MAILING ADDRESS (Street)	<u>, , , , , , , , , , , , , , , , , , , </u>		FAX (808) 533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)		(Zip Code)
Honolulu	HI		96813-3304
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC-The Legislative Center			(808) 537-4308
MAILING ADDRESS (Street)			FAX (808) 533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)		(Zip Code)
Honolulu	HI		96813-3304

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Hawaii Business League		808-533-6819			
MAILING ADDRESS (Street)		FAX 808-533-2739			
1188 Bishop St., Ste. 1003		EMAIL timiyons@hawaiiantel.net			
(City)	(State)	(Zip Code)			
Honoiulu	HI	96813-3304			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
Timothy L. Lyons		(808)537-4308			
MAILING ADDRESS (Street)		FAX (808)533-2739			
1188 Bishop St., Ste. 1003		EMAIL timlyons@hawaiiantel.net			
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LREG 09/2009

PM - 2/1/2013

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
			dista		
(Disable of Labbeita)					
(Signature of Lobbyist) (Date)					
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
	'				
I Imothy L. Lyons	Timothy L. Lyons President				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Hawaii Business League			808-533-6819		
MAILING ADDRESS (Street)			FAX 808-533-2739		
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net		
(City)	(State)		(Zip Code)		
Honolulu	HI ·		96813-3304		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	> .	· ·	[. / .		
(Sibnature of A	Authorizing Officer or Borner Bassa	a a sta d	(Data)		
(Signature of Authorizing Officer or Person Represented)			(Date)		